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## CONSERVATION OF LIFE BY LIFE INSURANCE COMPANIES

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Writing in the *Philosophical Transactions* for March, 1693, on "Some Further Consideration of the Breslaw Bills of Mortality" from which he derived his classic mortality table, Halley states:

Besides the uses mentioned in my former, it may perhaps not be an unacceptable thing to infer from the same Table, how unjustly we repine at the shortness of our lives, and think ourselves wronged if we attain not Old Age; whereas it appears hereby, that the one-half of those that are born are dead in Seventeen years time, 1238 being in that time reduced to 616. So that instead of murmuring at what we call an untimely Death, we ought with Patience and unconcern to submit to that Dissolution which is the necessary Condition of our perishable Materials, and of our nice and frail Structure and Composition; And to account it as a Blessing that we have survived, perhaps by many Years, that Period of Life, whereat the one-half of the whole Race of Mankind does not arrive.<sup>1</sup>

Halley's views reflected those of his contemporaries. It was still the age of superstition and ignorance. The fatalism which assumed that the laws of death were immutable still maintained. It is not difficult to understand how at a time when the plague was supposed to be due to the poisoning of wells, and when contagious diseases as such were practically unknown and unrecognized, that Halley should advocate a philosophy of submission to a decree which he believed to be unchangeable.

It is a far cry from this view, to the motto of the New York City Department of Health which states that "within natural limitations a community can determine its own death rate." The difference in these attitudes expresses the difference between the conception of life insurance in Halley's day and the modern attitude with respect to the lengthening of human life. What we are striving for today is the fulfillment of Professor Fisher's belief that the average length of life may be extended fifteen years by control of preventable diseases.

<sup>1</sup> *Journal of the Institute of Actuaries*, Vol. 18, p. 263.

The modern conception of life insurance has added the new function of life extension. Whether this assumption of a new function is primarily based upon the utilitarian desire to reduce premiums is immaterial. Every effort, it is true, is being made by insurance carriers to offer policies at the most attractive rates. Competition between insurance companies requires this. It may be that incidentally life insurance companies have realized the desirability of making active propaganda in the direction of life extension. In the long run such activity must have the important result of cheapening the cost of insurance. Whether the motives which inspire such activities are utilitarian or humanitarian, from the standpoint of the public, they are of equal value and importance.

The history of life insurance with respect to life conservation may be divided into three periods. In the first we find the almost negative attitude of Halley in which there is the denial of the possibility of amending the presumably fixed laws of mortality. This attitude is followed by a later one, which may be called the "passive age."

It was during this period that life insurance companies considered the payment of indemnity as their sole function, accepting mortality tables based upon existing mortality rates. Life insurance companies made their premiums to accord with these rates. Certainly in the earlier days of life insurance there seems to be no evidence that the insurance companies endeavored to lower premiums through a reduction of mortality.

It may be urged that the medical examination instituted by life insurance companies in itself is evidence of the thought that cost to policyholders would be reduced through the selection of risk. There can be little doubt that in the main this is true. Through the careful medical examination of the applicant for insurance it is possible to exclude individuals of high occupational and other hazard. It is doubtful, however, whether this particular attitude of the companies was instigated by any desire or thought of extending the lives of the insured.

The third period in life insurance history, which may be very aptly called the "positive period," has its inception in the discoveries of preventive medicine and in particular of the nature of preventable diseases.

Koch's discovery of the tubercle bacillus was the beginning of

a series of important medical researches into the bacterial causes of disease. The practical application of these studies have had a most appreciable effect upon the death rate. It has only been within comparatively recent years that the machinery of life insurance companies has been availed of to coöperate with other agencies engaged in the eradication of preventable disease. The desirability of such coöperation should not require elucidation. Whatever assistance can be given by the insurance company to improve conditions of policyholders and to make them live longer must be of vital importance both to policyholders and to the company.

To fully appreciate the attitude of the life insurance companies one must understand the underlying functions of insurance. Primarily insurance as originally conceived was a coöperative undertaking to furnish reimbursement for losses occasioned by distinct hazards. In its essence and in its earlier development, it performed only one function, viz., indemnity or coverage for the existing risk. The premiums were based on the risk as found. Losses were paid as they occurred, with the right reserved by the insurance carrier to determine whether its findings or losses agreed with those of the claimant. To do this it established its own machinery for inspection and control. Life insurance is a classic example of this view. Similarly, fire insurance rates were based on past experience. The premiums took no note of the possible reduction in the fire hazard.

In its later development insurance assumed the secondary function of reducing losses by a reduction of the hazard. In fire insurance the carrier required the installation of sprinkler systems, etc. Accident insurance carriers required the installation of safety devices. It should be noted as of vital importance that the function of the inspection bureau differed essentially from the function of the bureau which adjusted claims. The one endeavored to prevent loss; the other secured the carrier against imposition and fraud. The prevention or reduction of hazard was an advantage both to the insured and to the carrier.

The question may be asked is a life insurance company an effective agency for carrying on a life conservation program? What has been said in the previous paragraph indicates the possibilities of the mechanism which constitutes a life insurance company. It is immaterial whether such a company be stock or mutual. Fundamentally there is a contractual relationship between the company

and its policyholders. Of more importance, however, is the idea that whether the insurance carrier is a profit-making or a mutual undertaking in the last analysis it is a great coöperative movement. Whatever is for the benefit of the company must necessarily be for the benefit of its policyholders. If life extension can benefit the company by obtaining for it longer periods of premium payments, inversely its value is demonstrated by the increase in the length of life of its members. It is no exaggeration to say that rarely has a family been indemnified by the cash payments of an insurance company for the loss of its wage-earner. In other words each year of added life to the important wage-earning member of the family is of greater advantage to the family than the payment of a death claim.

The opportunities of the insurance company in developing health propaganda are manifold. There are many points of contact between the company and the insured. The agent meets the policyholder at the time that the application is taken and frequently at later intervals for the collection of premiums, etc. There is the intimate contact of the insured with the medical examiner. The company meets the policyholder again when it sends out renewal notices. In many companies annual statements are sent to the policyholders which gives opportunity for approach. Finally there is the payment of the death claim which again brings the company in touch with the family of the insured. In the industrial companies, which collect premiums on a weekly basis, these points of contact are multiplied. Each weekly visit of the agent to the homes of the insured gives opportunity, if the company desires, for carrying on a campaign of personal instruction. It is only fitting that this should be so since in the industrial classes there is a greater need for such instruction as the mortality in this group is higher than among more favored classes.

There are still other points of contact. Most of the companies have actuarial and statistical bureaus. The material which reaches these bureaus daily has unlimited possibilities for research. It is these bureaus which have the opportunity of studying changes in mortality and to study the hazard of occupation, sex and age. As social laboratories they occupy themselves with the influence of climate and locality on disease and mortality. Furthermore through coöperation of these various statistical and actuarial bureaus

there is the opportunity of obtaining data regarding thousands of experiences which are a joint contribution of the various companies. In this way medico-actuarial studies, which have been made in the recent past, give mortality averages which probably more clearly represent the truth than could be obtained from the experience of any individual company.

The studies made in the past in this direction have demonstrated quite clearly the general improvement in mortality which has taken place. A joint committee of certain companies is now engaged in the construction of a new mortality table which will more closely reflect the true mortality conditions of today than is the case with the so-called American experience table, the one most generally in use. This table was constructed by Sheppard Homans between 1858 and 1863. At that time it was supposed to be a fairly conservative table for use by insurance companies in determining their premiums. Today nearly all companies have an actual mortality considerably lower than the one given in the American table. There has been a constant reduction in the death rate since 1870, due, of course, to many outside factors such as better water and milk supply, better health administration, the recognition of infectious diseases and the installation of methods for their control. The table below gives the actual to expected mortality cost of twenty companies and brings out rather clearly the need for a revision of insurance mortality tables:

PERCENTAGE OF ACTUAL TO EXPECTED NET MORTALITY COST, 20 LEADING LIFE  
INSURANCE COMPANIES OF UNITED STATES, 1915

Name of company	Expected mortality cost	Actual net mortality	Percentage of actual to ex- pected mortality
Total 20 companies.....	148,368,609	100,721,600	67.89
Metropolitan.....	10,878,751	6,905,863	63.48
Prudential.....	10,130,186	6,628,815	65.44
New York Life.....	24,550,100	18,025,291	73.42
Mutual Life.....	17,406,560	12,797,219	73.54
Equitable, New York.....	16,000,581	12,251,340	76.57
Northwestern Mutual.....	14,691,003	8,859,447	60.31
John Hancock.....	3,466,528	2,283,256	65.87
Mutual Benefit.....	7,630,016	4,301,885	56.37
Penn Mutual.....	6,779,505	4,665,351	68.82
Bankers, Iowa.....	6,418,317	4,189,704	65.28
Total 1st 10 companies.....	117,951,547	80,908,171	68.59

Name of company	Expected mortality cost	Actual net mortality	Percentage of actual to ex- pected mortality
Aetna Life.....	4,303,703	3,096,938	71.98
Union Central.....	4,142,222	2,547,340	61.49
Massachusetts Mutual.....	3,814,432	2,625,345	68.83
Travelers.....	3,529,321	2,313,512	65.54
New England Mutual.....	3,169,849	1,961,329	61.88
Provident Life & Trust.....	2,998,175	1,465,082	48.87
Connecticut Mutual.....	2,805,007	1,978,960	70.51
National Life, Vermont.....	2,077,409	1,368,495	65.86
State Mutual, Mass.....	1,909,984	1,270,210	66.51
Phoenix Mutual.....	1,666,960	1,186,218	71.20
Total 2nd 10 companies.....	30,417,062	19,813,429	65.13

It should be noted here that the remarkable improvement in mortality which has taken place can only to a very slight extent be laid to the door of insurance companies. Notwithstanding the remarkable machinery which they have had at their disposal it has been only recently that the need of utilizing this machinery has been fairly recognized. More and more companies are awakening to their mission in this matter. If insurance companies are to increasingly assume the responsibility for the protection of their policyholders, if life insurance companies are not to be misnomers but are to assure longer life as well as to insure indemnity at death, it will be well to indicate here the lines along which their activities may be developed.

#### (1) AID TO PUBLIC AGENCIES IN THE DEVELOPMENT OF PUBLIC HYGIENE AND SANITATION

(a) *Surveys.* If insurance companies are to help in the great health campaign now being developed in the United States they must first know the facts. To obtain these surveys are necessary. The direction of this has been indicated in the classic work of Messenger, the late actuary of the Travelers Life Insurance Company in the survey which he made of a number of southern cities. More recently the Metropolitan Life Insurance Company has made sickness surveys in certain communities. Both of these, however, are but beginnings. There is no reason why insurance companies should not make much more detailed and elaborate surveys than have yet been attempted. No organization can be more interested in determining the exact health conditions in communities than

are life insurance companies. It is in these communities that their solicitors and canvassers are seeking individuals to whom to preach the doctrine of protection. It is of the highest importance to the company to know whether health conditions in the community in which it is carrying on its business propaganda contains those elements of public health administration which will insure to the citizens possibility of long life.

(b) *Assistance to Health Officers.* In the present development of health administration in the United States the service which insurance companies can give to health officers is inestimable. Unfortunately in too many communities politics still plays a part in the administration of health offices. Too many of the officials are incompetent and unprepared for the important duties they are to perform. In too many communities there is still an utter apathy regarding health conditions even where there are efficient men giving all their time and thought to improving sanitation and health. It is in these particularly that the agents of the company can teach the lesson to citizens of the need of coöperating with the health authorities. It is in these communities the companies would be justified in bringing home by letter, circular, advertisement or other means, the need for adequate appropriations to carry on efficiently the cities' health work. The agent of the company can become a health missionary. He can cite precept upon precept, statistics upon statistics, to prove from the experience of his own company how closely the death claims paid by his company are related to health conditions. The needs for hospitals, sanatoria, etc., could be accentuated. The removal of pest spots, reforms in the water and milk supply, and other improvements which tend to increase health come within the purview of the company, either through its agents or medical examiners.

## (2) EDUCATION OF POLICYHOLDERS IN PERSONAL HYGIENE AND SANITATION

- (a) Through medical examiners and nurses.
- (b) Through periodic examinations.
- (c) Through agents.
- (d) Through literature.

(a) *Through Medical Examiners and Nurses.* It is here where the insurance company can exercise its most important function. Its relation to its policyholders, as stated above, is a close and inti-



mate one. The relationship is fortunately one of mutual confidence based upon the belief that the company is a great coöperative organization.

It is not difficult to conceive of the possibility of the physician, who examines an applicant for life insurance, doing more than he is expected to do at present. At the time of the examination it would be quite feasible for him to give instruction to the policyholder along health lines. He could give literature to the prospect prepared by the company. He could explain either in person or through literature especially prepared, the relationship which will exist between the prospect and the company in case he obtains a policy. He could drive home to the policyholder the need of protecting his health. Such protection and preservation means an advantage not only for him but for the other men, women and children, who are associated with him in the insurance company.

The medical examiner, or if not he, then the insurance company, could undertake to give instruction to the unfortunates who are rejected. The number of individuals who yearly apply for insurance and who are unable to obtain it by reason of ill health is probably larger than is generally realized. And yet these individuals needed insurance probably more than their brothers who were more fortunate. Many probably suffer from impairments which are remediable. A number could probably be restored to a sufficiently good state of health to warrant the insurance company in accepting them as risks. They need instruction and guidance. In too many cases today this is not given.

I realize that there are many reasons which can be advanced by insurance officials regarding the desirability, if not infeasibility, of attempting to give information to rejected applicants regarding the results of medical examinations. On the other hand no one can deny the need for attempting to help this group. I have discussed this matter in an earlier paper on another subject.<sup>2</sup> I still believe that some plan can be devised whereby the rejected applicant, through his family physician, could be made acquainted with his condition so that he might undertake a course of treatment in the hope of ultimate recovery. The field of the rejected applicant is still largely neglected by insurance companies. On the other hand no more important service could be rendered by insurance com-

<sup>2</sup>"The Interest of Life Insurance Companies in Social Hygiene," *Social Hygiene*, December, 1914.

panies than this. The value of the physician in the company's health campaign needs no lengthy discussion. It is so obvious that we can pass without further comment.

There is still another professional agent whose services are probably equally important but who until recently has been but little recognized. I refer to the trained nurse. No outsider comes into as intimate contact with the family as the nurse does. She sees the family from every angle. She is apt to meet every member of the family. She is called upon to render services to the father as well as to the infant. The opportunities for education given to the nurse have no bounds. At the time she is carrying out the instructions of the physician to effect a cure of her patient she may impart lessons in sanitation and hygiene, which in the long run may result in the prevention of disease. The use of the nurse by insurance companies is still in its infancy. At present it is confined to one of the industrial insurance companies. It is interesting to know, however, that only recently one of the fraternal orders in the Middle West has arranged for nursing care of its members.

(b) *Through Periodic Examinations.* Comparatively few insurance companies have as yet availed themselves of this splendid opportunity of education of policyholders. In one large company, notwithstanding the offer of a periodic examination made several years ago, only 8 per cent of the policyholders have availed themselves of the opportunity. This by no means indicates that such an examination ought to be abandoned. Policyholders must be educated to appreciate the value of this service. Such education takes time. Many policyholders still harbor an attitude with respect to insurance companies, which is one of doubt. Too many in the past have been imposed upon by unscrupulous agents. Many of them have a vague fear regarding offers which may come to them from the companies in which they are insured. It will take time until this fear wears off. In addition there is the general fear of human beings regarding their own illness. Many prefer to remain in a condition of ignorance. A statement recently made by Dr. Meltzer of the Rockefeller Institute was to the effect that frequent examinations of individuals would breed hypochondriacs. Many, who today have the impression that they are quite well, would believe that they were ill and continue to remain ill. All these arguments, however, have no bearing upon the fact that in the

long run periodic reëxaminations of individuals must result in benefit. It is the application of the business principle of taking periodic inventory of stock. The merchant must know the amount and kind of stock he has on hand. Such knowledge is a fundamental in business. It is the application of this business principle that is the basis of periodic medical examinations. In time it may be hoped that with the better education of people in matters relating to health, the periodic examinations of all individuals, men, women and children, will be as much a part of one's life as bathing and cleansing of teeth. In the development of this attitude insurance companies can be extremely helpful. When periodic reëxamination becomes more common in its application insured people will realize what a boon they are offered by the companies with which they are connected.

(c) *Through Agents.* The value of the insurance agent as an educator is still underestimated. The confidential relation which he holds to the policyholders is not appreciated. Insurance has frequently been spoken of as a profession. The reason for this lies in the fact that the real insurance agent is more than a salesman. He is an advisor to the insured. The latter is rarely able to distinguish between policies owing to their technical character and in most instances he must depend upon the agent to guide him right. The real agent who is scrupulous in his approach, who presents to the policyholder the things that he needs, performs precisely the same function as the lawyer or the physician. If he has the correct assumption of an agent's duties, confidence between him and his policyholder is soon established. With his confidence as a basis the agent becomes an instrument of the greatest value to the insurance company in carrying on an educational campaign along health or other lines. His advice is accepted, the information which he has to impart is sought for. The literature which he distributes is read; the lessons which this literature teaches are taken to heart because it is realized by the policyholder that these lessons are taught to him for his own good.

The agent has still other opportunities. He can take an active interest in civic matters, he can become identified with civic organizations. He may be the man to encourage the "spotless town" idea. He should become the agitator in his community for improvement in health conditions. He can be the individual to

bring to the notice of his fellow citizens the things they should do in encouraging city officials to develop efficient sanitation and hygiene. Opportunities of this kind are given in particular to the industrial agent by reason of the fact that he comes into such frequent contact with his policyholders. He can be a powerful educational medium. If he is acquainted with the conditions in his community he can translate these in terms which working people will understand. It has been proven beyond peradventure that the possibilities of such educational propaganda are limitless. The intimate acquaintance which the industrial insurance agent has with each member of the family, the approach which he has on a level of equality with the family makes it easy for him to establish intimate relations which soon grow into those of friendship. It is not unusual for him to be called on by members of the family in time of trouble and as he has been frequently described, he may become the guide, councilor and friend.

(d) *Literature.* Year after year valuable literature in health conservation is being published by universities, research laboratories, statistical bureaus and other channels of learning. The medical press is replete with reports of physicians, bacteriologists, embryologists and others on the origin and preservation of life. In the main this literature is not available to the ordinary reader and if it were he would not be in a position to understand its technical nature. The opportunity is given to insurance companies to translate this literature for the benefit of its policyholders. Pamphlets describing the simple laws of health, the influence of habits on life, can easily be prepared for popular consumption. In fact the literature which has grown up within the last few years to interpret scientific research in terms of popular thought, is very large. Through the many points of contact which insurance companies have with their policyholders it is feasible to bring this literature to their notice. Investigation has determined satisfactorily that the literature is read and that it is preserved. The influence of such instruction persistently maintained and covering all the facts which enter into the question of human health must in the long run have a very marked result.

### (3) RESEARCH

I have spoken above of the possibilities that lie in the actuarial and statistical divisions of most insurance companies. Probably no

other agencies outside of Governmental Census Bureaus have the ability or opportunity of keeping such accurate and careful record of the data which reaches them daily. It may even be said that the records of insurance companies from the standpoint of research are even superior to government statistics. The latter must always have certain elements of error by reason of the difficulty in accurately determining the size of the population. Insurance companies on the other hand have most carefully recorded data regarding the number of policyholders and policies in force. Similarly the mortality records which are kept are of the best. Under these circumstances the insurance companies have a vast storehouse of material for purposes of research which give the fact data so necessary to determine changes which should be made in health administration. Much, however, has already been done in this direction. I need only cite the careful studies of Hunter on alcohol, of Hoffman on tuberculosis and cancer, of Dublin on mortality in the higher age groups, and of Rittenhouse and Fisk on medical reëxaminations and degenerative diseases to indicate the possibilities which lie in the field of insurance companies.

#### (4) LOANS FOR WORKINGMEN'S HOMES

While statistical information is still lacking as to the influence of proper housing on longevity there seems to be little doubt even without this data that evil housing conditions in the long run must increase morbidity and mortality. The housing conditions which are found in many of our communities and even in rural districts call for much study and needed legislation. Much has already been accomplished in this direction through associations like the National Housing Association whose important duty has been to advocate ordinances and laws which shall make for better ventilation, lighting, etc. In addition opportunity should be and must be given to the workman to enable him to live in decency and comfort. To do this he must be enabled to borrow funds for home building purposes under conditions that will not be arduous and that will not require him to make early repayment. These plans are not novel and have been worked out to a very considerable extent in certain European countries. Basically, the plan calls for an instalment mortgage payable in a period of ten to twenty years

and with insurance protection so that in case of the death of the purchaser his home will be free and clear of encumbrance.

Only slightly have insurance companies as yet seen possibilities which lie in this direction. It seems only reasonable that the vast accumulation of reserves which insurance companies are required to put aside under the law for the protection of policyholders and which must be invested to produce returns, should be applied for the direct improvement of the living conditions of those who have paid in their savings to make up these funds. It would seem only proper that preference in the investment of insurance funds should be given to policyholders who desire to make loans for home building purposes. It is assumed, of course, that in making these loans the insurance company must be assured of the safety of its investments.

Assuming that all which has been indicated above might be undertaken by insurance companies the question will arise, would such activities produce results in the extension of life? This question is a difficult one to answer. So many factors enter into the question of mortality that an accurate determination of the influence of one or more additional factors is almost impossible. Nevertheless the great reduction in mortality which has taken place in the last few decades must be convincing to anyone that the propaganda which has been made through public and private agencies must have been instrumental in this splendid decrease in the percentage of deaths.

There is little data available to indicate the results which have been produced by activities thus far carried on by life insurance companies. I might mention the study of Fisk with respect to medical reexamination. According to Fisk's statement, impaired lives which were found as a result of such examination, and which were subsequently advised regarding the method of life which they should pursue, demonstrated that the actual mortality among this group was lower than the expected mortality. Other interesting data which may be cited are taken from the nursing service given by the Metropolitan Life Insurance Company to its industrial policyholders. This service is limited to acute conditions and to service at the time of maternity. In the year 1915, 23.9 per cent of the total female cases were maternity cases. This is about the ratio of maternity cases for several years prior to that date.

The company's mortality experience for the years 1911-1915 shows that the death rate from diseases and conditions of the puerperal state, ages 15 to 44 had decreased 10.4 per cent and between 1914 and 1915 8.3 per cent. During practically the same period (1910 to 1914) the death rate from the same causes in the Registration Area had remained practically stationary, if it had not somewhat increased. This leads to the belief that the influence of the nursing service materially affected mortality from the above causes.

The company's mortality from typhoid fever, another one of the diseases to which particular attention has been given by the nursing service was 19.3 per one hundred thousand for white lives in 1911 and 13.6 per hundred thousand in 1914, showing a decrease of 29.5 per cent. In the Registration Area between 1910 and 1913 there was a reduction of 26.3 per cent or 3.2 per cent less than the company's experience.

In the group of infectious diseases of children such as measles, scarlet fever, whooping-cough and diphtheria there has been a reduction in the company's experience of 18.2 per cent in the three years, 1911 to 1914. In practically the same period (1910-1913) the Registration Area rate showed a reduction of only 11.1. The company's total white mortality experience showed a rate for 1915, 34.8 per cent below that of 1894. Between the years 1911 and 1915, the years in which the company's activities along life conservation lines have been most actively developed there was a decline in the mortality of whites of 10.2 per cent.

As stated above it is impossible to determine to what extent the systematic attempt to conserve lives of policyholders has influenced the company's mortality. In view of the fact, however, that in certain respects this mortality has decreased more rapidly than in the population of the Registration Area, it is probably not exaggerating to assume that the efforts that have been made have influenced the mortality reduction.

#### THE FUTURE

In just what directions human life conservation in the future will be developed by life insurance companies is problematic. Much will depend upon the course which will be followed by public health agencies. In many of its phases, particularly in the one of infectious diseases, the preservation of health is essentially a public

function. The control of disease in many of its aspects assumes the right of the police power. This cannot be and probably should not be entrusted to private agencies. For the present the insurance companies can be the pioneers in pointing the way. It is already evident that improvements in many communities are due to the activities of the life insurance companies. That the service which the latter are rendering can be more thoroughly organized and more highly developed than at present, there can be no question. It is particularly desirable that instead of initiative on the part of individual companies there should be more concerted action among life insurance companies. If there were one great centralized health movement carried on jointly by all the life insurance interests in the United States, a power would be developed for health betterment which would be invincible. Such a centralized bureau would have behind it all the accumulated funds of the insurance companies of which the investment of even a small percentage in life conservation would bring astonishing results. Such an investment used primarily for the education of policyholders would develop an army of health advocates which no legislature could withstand. With this army instructed and prepared for a campaign which shall spell elimination of preventable disease, communities that are lagging and backward would be compelled to realize their deficiencies and take an advanced step in health matters.